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A Note on Jhooling in Camels

BY

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Camel Specialist, Sohawa.



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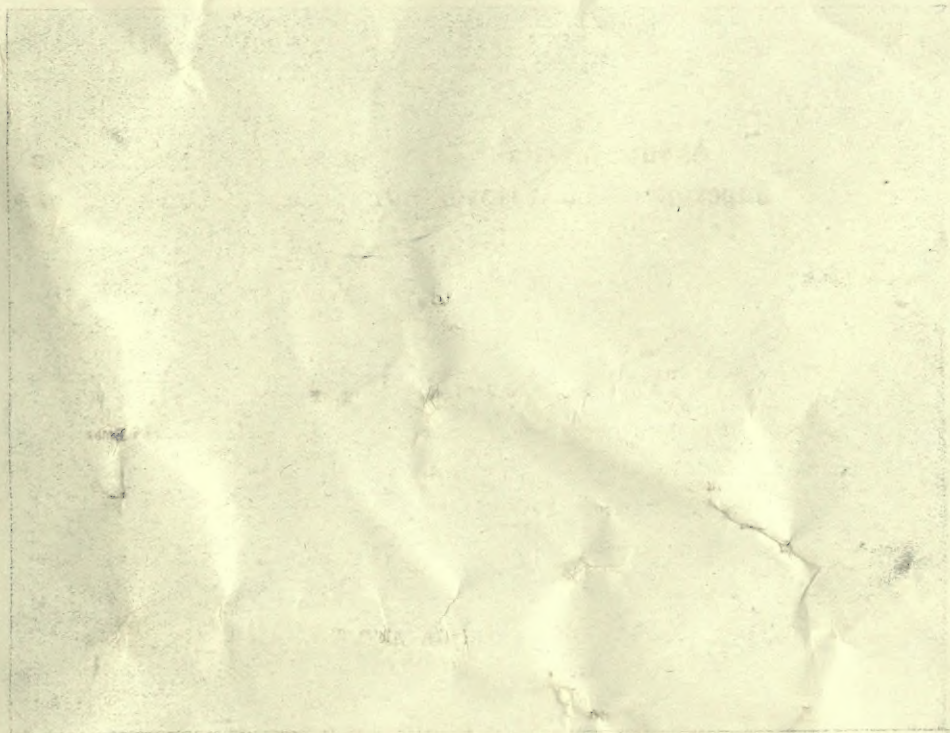
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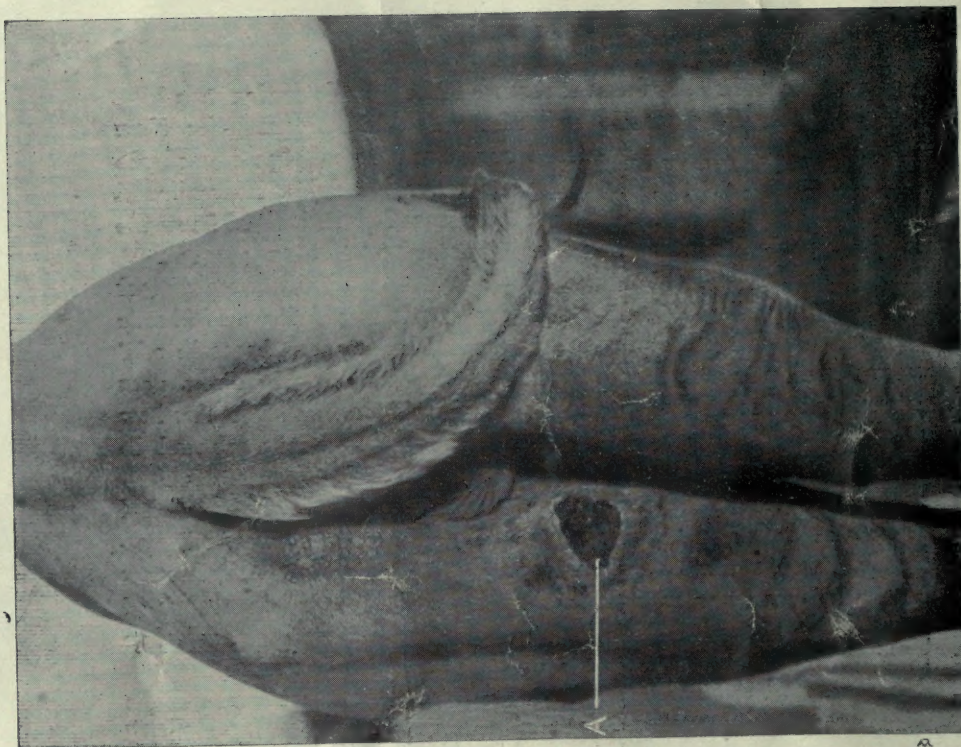


Fig. 2. Showing raw patch (A).

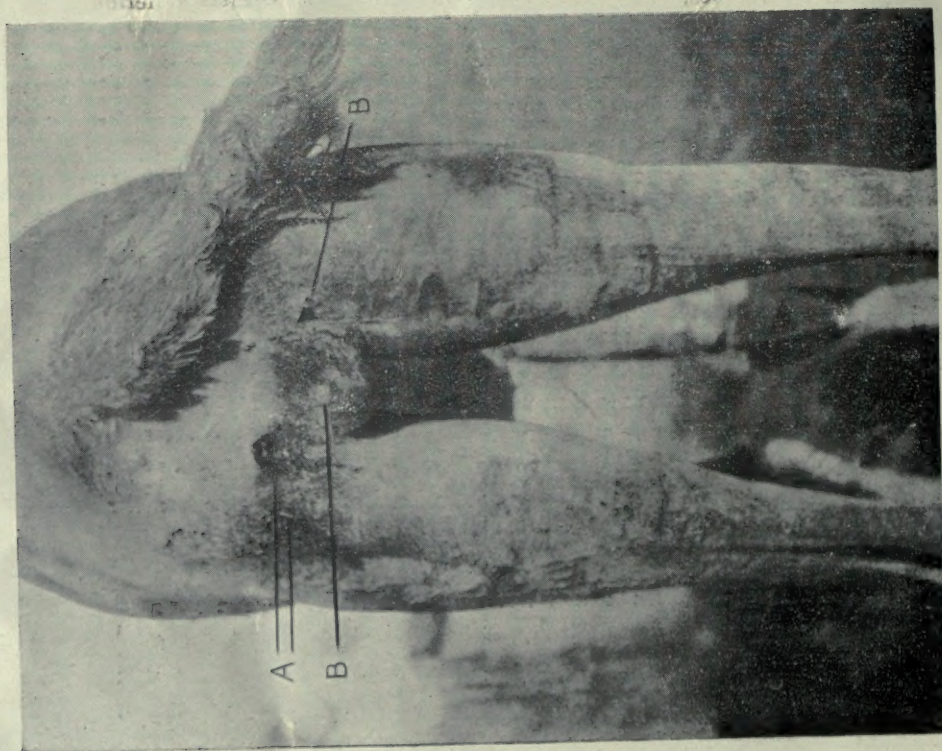


Fig. 1. Showing raw patch (A) and swelling (B).

A Note on Jhooling in Camels.

[Received for publication on the 19th February, 1917.]

Jhooling, or Jhoolak as the disease is sometimes called, is a contagious disease of camels—manifesting itself in the formation of local tumours, hot and painful, of a fibrous character and terminating in suppuration and raw patches.

Distribution. The disease is widely distributed throughout the Punjab; it is not so common in the Lahore District as in the Jhelum and Rawalpindi Districts. It usually occurs in the cold weather but is met with occasionally in the hot weather.

Etiology. The causal organism has not yet been isolated though it is probably a fungus.

Pathogenicity. Inoculation of emulsion of the lesion into horses, cattle, buffaloes, dogs, guinea-pigs and rabbits does not produce the disease.

If portions of the lesion are rubbed on the skin, whether the skin be scarified or not, no Jhooling lesion is produced in any of the above animals.

Horses, buffaloes, and cattle kept in contact with camels suffering from Jhooling do not contract the disease.

When portions of a Jhooling lesion are rubbed on the scarified skin of healthy camels the disease develops after a few days. In only one case did the disease develop when a portion of a Jhooling lesion was rubbed on the unscarified skin of healthy camels.

Healthy camels kept in contact with camels suffering from Jhooling contract the disease rapidly.

Symptoms. The first symptom is a hot, hard and painful swelling varying from 1 to 5 inches in diameter, usually on the neck, hindquarters or testicle, but the lesions may occur in almost any part of the body. After a few days the swelling becomes very irritating, and, if situated in any part of the body that the camel can reach with his teeth, he will gnaw at it leaving a raw patch. In all cases after the lapse of some time suppuration takes place and finally the wound heals, leaving a small white patch which lasts for several months. As a rule several lesions are found on a camel suffering from the disease and the camel loses condition. The lesions take a long time to heal and if situated in any part that comes in contact with the *palan* (saddle) the camel has to be put off work.

Anatomical changes. The tumour consists of fibrous tissue finally undergoing suppuration. Examination of the pus reveals streptococci: no staphylococci have been observed. In camels suffering from Jhooling, on which I have made post-mortems, no lesions have been observed in the internal organs.

Treatment 1. The best treatment and one which gives very satisfactory results, is the following :—A strong red iodide of mercury blister should be applied, and after three days washed off with soap and water. The diseased areas should then be excised and finely powdered permanganate of potash applied. The permanganate of potash must be well rubbed in and not simply dusted on. Three dressings at intervals of four days are usually sufficient.

Treatment 2. Sometimes good results are obtained by excising the lesion and then applying pure phenyle or carbolic acid. The following day the wounds should be thoroughly washed with water and then treated with Black wash (30 grains calomel, half an ounce of glycerin, 1½ ounces of tragacanth mucilage and lime water to make 10 ounces of lotion).

Camelmen apply boiling ghee to the lesions and “fire” round the edges of the lesions with the idea of preventing the lesion spreading. This treatment cannot, however, be considered satisfactory.

If the lesions are on the testicle, or in situations where they can be reached by the tail, the tail must be tied.

Prevention. Camelmen are well aware of the contagious nature of this disease. If they have a camel suffering from Jhooling lesions in the neck this camel is always placed first in the string of camels; whereas if the lesions are on the hindquarters the camel is tied last.

Should a case of Jhooling occur amongst a number of camels, it should be at once isolated from all the other camels. The remaining camels should be very carefully examined and divided up into lots and not allowed to mix. Should more cases be found they should be at once isolated. The disease spreads very rapidly amongst camels and causes a great deal of trouble, so that every effort should be made to prevent the disease from spreading, by careful examination and segregation. In camels suffering from Jhooling, lesions in different stages are met with—healed up lesions, raw patches and swellings.

No camel should be bought if small hard white spots are observed on the skin (they undoubtedly represent healed up Jhooling lesions) without careful inspection for raw patches and swellings.

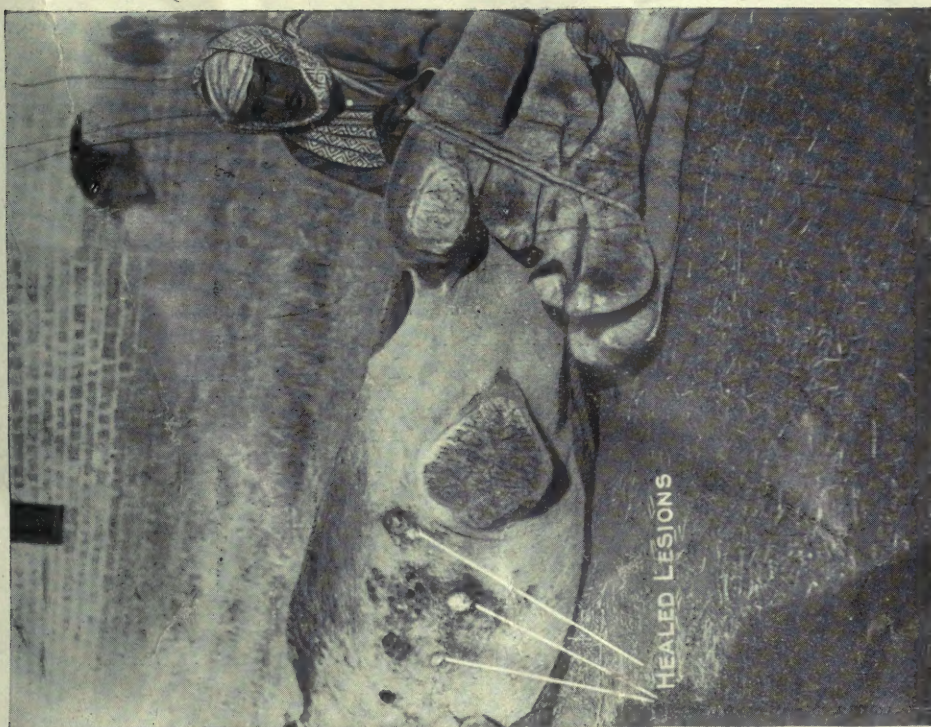


Fig. 2. Showing healed lesions.

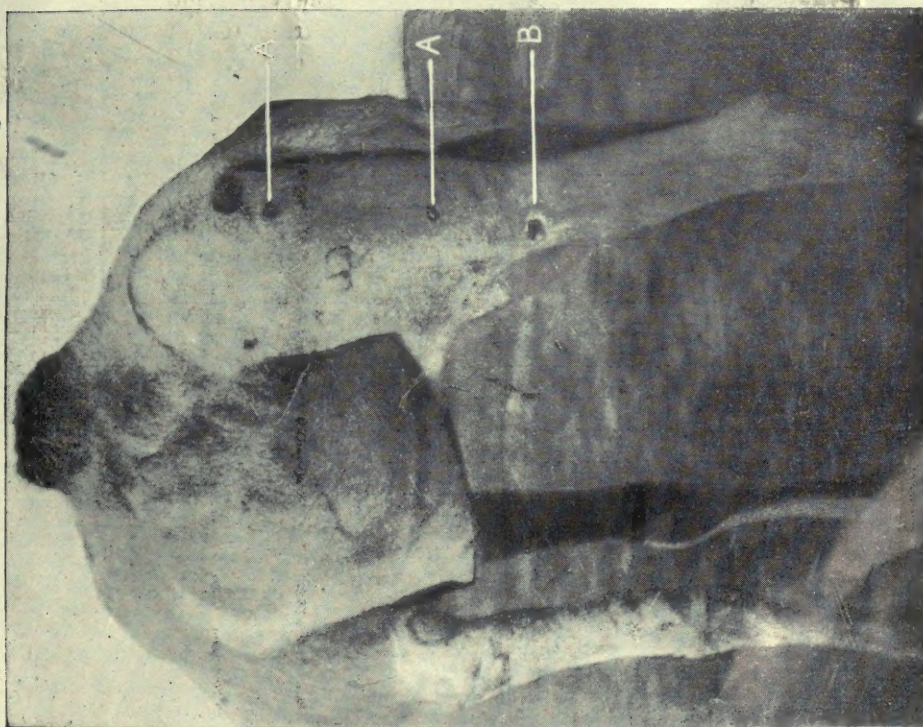


Fig. 1. Showing healed lesion (A) and partially healed lesion (B).

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